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JUL 02 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)
) Mail Stop AF
)
KELLER et al.)
) Confirmation No. 5838
)
Serial No. 10/726,662)
) Examiner: PENG
)
Filing or 371(c) Date: December 4, 2003)
) Art Unit: 1712
)
For: WAX FORMULATIONS AND THEIR USE FOR MAINTAINING AND
PRESERVING SURFACES

I hereby certify that this correspondence is either being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 703-872-9306, on July 2, 2005.

Typed or printed name of person signing this certificate: Jason D. Voight

Signature: Jason D. Voight

Honorable Commissioner for Patents
Alexandria, Virginia 22313-1450

REPLY UNDER 37 CFR 1.116

In response to the Office action of April 7, 2005 applicants request entry of the following amendments to the claims and remarks.

Please charge any shortage in fees due in connection with the filing of this paper to

Deposit Account No. 14.1437. Please credit any excess fees to such account.

Respectfully submitted,
NOVAK DRUCE DELUCA & QUIGG LLP

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07/29/2005 BHINES 0000011 141437 10726662
01 FC:1202 50.00

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

57444/10/726662

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 12 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 12 minus 20 = | - |
| INDEPENDENT CLAIMS | 1 minus 3 = | ✓ |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1/31/05

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 19 | 20 | 0 |
| Independent | 1 | 3 | 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

7/2

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 21 | 20 | 1 |
| Independent | 2 | 3 | - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | | |
| Independent | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY TYPE ☐

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 385.00 |
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL | |

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 770.00 |
| XS18= | |
| X86= | |
| +290= | |
| TOTAL | 770 |

SMALL ENTITY OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|------------------|
| XS18= | 50 ^a |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | 50 ²⁰ |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| XS18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number entered in the appropriate box in column 1.

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